



2008 EMERGENCY INFORMATION SHEET

PEOPLE TO PEOPLE STUDENT AMBASSADOR PROGRAMS

This form is to be completed thoroughly by an adult.

Ambassador's name _____
last first middle

Address _____
street

_____ *city state zip code*

Father's first name _____ Mother's first name _____

Parents' home phone (_____) _____ Parents' cell phone (_____) _____

Father's work phone (_____) _____ Mother's work phone (_____) _____

Home fax (*if available*) (_____) _____ Parents' email _____

Father's work address _____
street

_____ *city state zip code*

Father's work hours _____

Mother's work address _____
street

_____ *city state zip code*

Mother's work hours _____

Please list all medications (over-the-counter and prescription) that you anticipate your child will have in his/her possession on the trip. Include aspirin, etc.

Physician's name _____

Physician's address _____
street

_____ *city state zip code*

Physician's phone (_____) _____ Physician's fax (_____) _____

Other Contacts

Please furnish three (3) additional names of people you would feel comfortable with us contacting in the event that you are unavailable.

1. Name _____
Relationship _____
Address _____

street

city

state

zip code

Home phone _____ Work phone _____
Fax (if available) _____ email _____
Work hours (if applicable) _____

2. Name _____
Relationship _____
Address _____

street

city

state

zip code

Home phone _____ Work phone _____
Fax (if available) _____ email _____
Work hours (if applicable) _____

3. Name _____
Relationship _____
Address _____

street

city

state

zip code

Home phone _____ Work phone _____
Fax (if available) _____ email _____
Work hours (if applicable) _____